

CS3/MSG1901017/UD3E2-1  
REF CS3/MSG 1901017/UD3E2-1

ASS. REC. BY: Surveyor: Marcus Special Instruction: \_\_\_\_\_

From (Person): Kathryn Wong of MSA Date/Time: 20/9/2019 7.6.19 17.02p.m

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLA 1531E Insured: SJR 7433A

at Workshop n/s Ace Automobile Tel: 9657 2134

of 13 Kai Bui Road 4 #03-29/30

Policy No: 20466274 Claim No: 595703

Sum insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A 3/06/2019  
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 20.6.2019 9.38am Person Contacted: Anna H.O.D. Endorsement: \_\_\_\_\_

Vehicle IN/OUT

Date/Time	Action/Instruction
	Estimate (✓)
	SLA 1531E -x
	SJR 7433A -x
	Diamond: 11/6/2019
	After repair: 12/6/2019

24/9/19 subm 4/5 2200 3 by cred. 331.63; 61%

24/9/19 - File pass to typist

RECEIVED 24 SEP 2019

(08/11/13) wef  
ASS. REC. BY: Marcus

REF:

MS10/

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SLA1531E  
at Workshop m/s Aze  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: SLA1531E Yr Regn: 216  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or Car  
Make: Toyota Corolla 1496  
Colour: Beige A/C: Insured / Std / NI / NA  
Sp. Reading: 254743 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: NR E161 0005146  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Inorder / Jammed / Leaked / Burnt or  
Brake: Inorder / Jammed / Leaked / Burnt or  
Modi: Nil / S/Rim / STD A/Rim or  
Tyre Size: F: 195/60R15  
R: \_\_\_\_\_

N/S		O/S	

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_  
IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: 3 days Res.: Yes or No  
Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS LTASS717  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front R/Bal. 7 mm Rear R/Bal. 7 mm  
L/Bal. 7 mm L/Bal. 7 mm  
D.O.A. 3/6/19 D.O.I. 10/6/19  
Survey held at \_\_\_\_\_  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
AP.  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
PRS no sealant.  
2500 - 3000

RECEIVED 10 JUN 2019

Date/Time, File Pass to?  : Prel. Report  
1)  : Final Report  
Date/Time, File Return to?  
2) \_\_\_\_\_  
Report Format : PRS  
Lump Sum / I.B.I.: (\$ \_\_\_\_\_ )

Days Of Repair: 3  
Resurvey No. of Trip: 2  
Add Fee:  : Site Insp (\$ \_\_\_\_\_ )  
 : Interview (\$ \_\_\_\_\_ )  
 : Tech. Invs (\$ \_\_\_\_\_ )  
 : Weekend (\$ \_\_\_\_\_ )

Survey Fee:	<u>120</u>
Transportation:	
Others:	<u>11</u>
TOTAL	<u>131</u>

## Nivitha (LKK Auto)

---

**From:** Accounts (LKKAuto) <account@lkkauto.com>  
**Sent:** Friday, 20 September 2019 4:35 PM  
**To:** Admin-D (LKKAuto)  
**Cc:** Accounts (LKKAuto)  
**Subject:** RE: Report Send Back Alerts - SLA1531E (TP)

Dear Nivitha/ Summer,

FYNA Please...

### Pending for Survey Report- CS3/MSG19010117/UCD3E2

19 Sep 2019 15:57	<b>Ins Send Back Adj Rpt</b>	For paper survey	[I] Katherine Wong
19 Sep 2019 15:57	<b>Adj Next Rpt Changed</b>	Next Rpt:Final Rpt.Due Date:2019/09/23	[I] Merimen Administrator
19 Sep 2019 15:57	<b>Adj Mandate Set</b>	Maintained.	[I] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

**LKK Auto Consultants Pte Ltd**

Phone: 6841 1891 | email: [account@lkkauto.com](mailto:account@lkkauto.com) | fax: 6844-8805

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Do-Not-Reply <do-not-reply@merimen.com>  
**Sent:** Thursday, 19 September 2019 4:00 PM  
**To:** account@lkkauto.com  
**Subject:** Report Send Back Alerts - SLA1531E (TP)

Dear Sir / Madam,

Please login to Merimen Online at [www.merimen.com.sg](http://www.merimen.com.sg) for more information.

Thanks,  
The Merimen Team



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	04/06/2019 14:04
Date Of Accident	03/06/2019 14:30
Exact Location Of Accident	TAMPINES RD CP ENTRY/EXIT OF MASJID EN-NAEEM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7433A
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#### Insured/Policyholder

Name Of Registered Owner	SYED MAHDHAR BIN MOHAMED ALMUSYAYYAKH
NRIC No	S8223884J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96310142
Alternative Phone No	OTHERS-96310142

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80466274QMX (COMP)
Cover Note Number	

#### Driver

Name of Driver	SYED MAHDHAR BIN MOHAMED ALMUSYAYYAKH
NRIC No	S8223884J
Date Of Birth	29/07/1982
Occupation	INDOOR
Date Of Driving Pass	23/06/2008
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96310142
Fax Number	
Contact Number	OTHERS-96310142
EMail Address	NOEMAIL

Address	BLK 451B SENGKANG WEST WAY #05-383
Postcode	792451
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : LATIFAH GENDER: : FEMALE
Passenger 2	NAME: : MAIMON GENDER: : FEMALE
Passenger 3	NAME: : MAISARAH GENDER: : FEMALE
Passenger 4	NAME: : HADI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO NOTICE OF COMPLIANCE AND STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UNABLE TO UPLOAD
Was there any audio recorded?	NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA1531E
Vehicle Make/Model/Colour	TOYOTA AXIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEOW LIM ENG
NRIC/Passport Number	S7240279J
Contact Number	91994461
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

04 JUN 2019

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

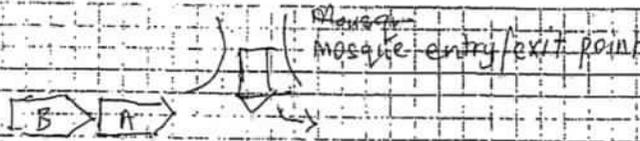
04 JUN 2019



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



A - SJR 743A

B - SLA 1531E

DOA 3/6/19

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting for entry to the mosque ~~and~~ a car was exiting from the entry/exit point. I have to reverse to give way to the exiting car.

When I reverse my car approximately below 10km/h, I accidentally hit the car behind me (slight contact). Nobody ~~were~~ were injured and no sign of damage after we checked both cars in the mosque.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

04 JUN 2019

04 JUN 2019



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Syed Mahdhar Bin Mohamed Almusyayyakh  
NRIC/FIN No.: S8223884J Contact number: 92798500 has reported to the Police a  
non-injury traffic accident which occurred at Tampines Road (carpark entry/exit of  
Masjid En-Naeem) on 03/06/2019 at 1430hrs involving the following vehicles:  
SJR7433A & SLA1531E.

2. If this accident was reported to the Police within 24 hours of its occurrence,  
then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.



Rank/Name of Issuing Officer: SGT Mohd Ali

Date: 03/06/2019

Time: 2216hrs

S/D Ref: 192

Police Post/Unit: HOUGANG NPC

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	04/06/2019 16:24
Date Of Accident	03/06/2019 14:25
Exact Location Of Accident	ALONG TAMPINES ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1531E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAM CAR RENTAL & TRANSPORT SERVICES
Co Reg No	53326995D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91994461
Alternative Phone No	OFFICE-91994461

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	LEOW LIM ENG
NRIC No	S7240279J
Date Of Birth	27/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91994461
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 334B ANCHORVALE CRESCENT #10-128 SINGAPORE
Postcode	542334
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : PAX A GENDER: : MALE
Passenger 2	NAME: : PAX B GENDER: : MALE
Passenger 3	NAME: : PAX C GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 SINGAPORE 538775 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACH SKETCH PLAN & STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR7433A
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LEOW LIM ENG  
Approximate Age 46  
Injuries Sustain NECK  
Injured person in which vehicle? SLA1531E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address APT BLK 334B ANCHORVALE CRESCENT #10-128 SINGAPORE  
Postcode 542334

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders

**M CAR RENTAL & TRANSPORT SERVICES**

Reg No. 53326995D

**SAM CAR RENTAL & TRANSPORT SERVICES**

Date & Time:

Reg No. 53326995D

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.

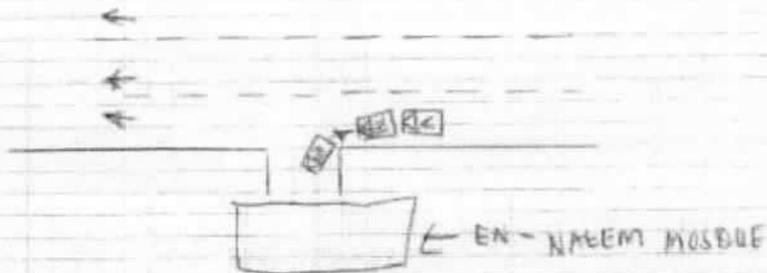
Sketch Plan #2

SKETCH PLAN

Tampines Rd

VEH A: SCA 1531 E

VEH B: SJR 7433 A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date / time, I was travelling along the stated venue. As I was about to turn into the mosque, I stopped behind VEH B as it was waiting in front of me as well. From the mosque, there was a vehicle turning out and VEH B refused to give way while reversing, VEH B hit onto my vehicle and it was captured on my on board camera.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

**SAM CAR RENTAL & TRANSPORT SERVICES**  
Reg No. 53328995D

Policyholder's Signature

**SAM CAR RENTAL & TRANSPORT SERVICES**  
Reg No. 53328995D

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

# S K AUTO CONSULTANTS

## Invoice

Bill To: Sam Car Rental & Transport Services  
C/o ACE Autolution Pte Ltd  
13 Kaki Bukit Road 4 #03-29  
Bartley Biz Centre  
Singapore 417807

Invoice No:	2019218
Date:	20/6/2019
Our Ref	TP/019/0218SK

Description	Amount (S\$)
<b>PARTICULARS</b>	
Vehicle Registration No. : SLA 1531E	300.00
Date of Accident : 03/06/2019	
Date of Inspection : 10/06/2019	
<b>SERVICES:</b>	
Assessment with report (inclusive of transport charges and photographs etc)	
<b>Total</b>	300.00
<b>Balance Due</b>	300.00

We would appreciate your cheque crossed and made payable to:  
S K AUTO CONSULTANTS



Authorized Signature

# S K AUTO CONSULTANTS

## AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/019/0218SK

Your Reference: TBA

Date: 20/6/2019

TO: Sam Car Rental & Transport Services  
C/o ACE Autolution Pte Ltd  
13 Kaki Bukit Road 4 #03-29  
Bartley Biz Centre  
Singapore 417807

Assessment of Vehicle No : SLA 1531E  
Date of Accident : 03/06/2019  
Date of Inspection : 10/06/2019

We have carried out a physical assessment of SLA 1531E at ACE Autolution Pte Ltd according to your instructions on 10/06/2019 and are pleased to submit our report as follows;

### 1.VEHICLE PARTICULARS

Registration No. : SLA 1531E  
Make & Model : TOYOTA COROLLA AXIO  
Year of Registration : 2016  
Engine Capacity (cc) : 1498  
Chassis No. : NRE1610005146  
Engine No. : 2NR8480545  
Colour : Silver  
Mileage (km) : na

### 2.VEHICLE CONDITION

Body Paint: : Good  
Steering : Serviceable  
Foot Brake : Serviceable  
Parking Brake : Serviceable

### 3.TYRE PARTICULARS & CONDITION

#### Front

RH Make/Size : BRIDGESTONE 205/55R16 - 70%  
LH Make/Size : BRIDGESTONE 205/55R16 - 70%

#### Rear

RH Make/Size : BRIDGESTONE 205/55R16 - 70%  
LH Make/Size : BRIDGESTONE 205/55R16 - 70%

Note: % denotes the remaining percentage of the tyre

# S K AUTO CONSULTANTS

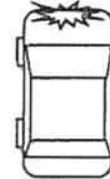
Page No. 2

Our Reference      TP/019/0218SK  
Vehicle No.        SLA 1531E

#### 4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the FRONT portion

Please see attached schedule for details.



Estimated Amount            : S\$5,131.63  
Adjusted Amount             : S\$3,100/-  
Estimated Repair Days       : 4 days

Pursuant to your instruction, we have NOT AUTHORIZED repair.

The assessment was conducted on a "Without Prejudice" basis.

If we are not notified of anything to the contrary within 14 Days from the date hereof, this report shall be treated as correct

#### Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by S K AUTO CONSULTANTS for any reliance on this report by any third party.

# S K AUTO CONSULTANTS

Our Reference TP/019/0218SK  
 Vehicle No. SLA 1531E

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	OUR ASSESSMENT(S\$)	
	<b><u>PARTS (LIST ITEMS)</u></b>				
1	Bonnet	Repair	1128.00	0.00	X
1	Front grille	Slot cracked	588.00	588.00	/
1	Front grille chrome	Slot cracked	382.00	382.00	/
1	Front bumper	Deformed	938.50	938.50	/
2	Front bumper bracket	Bent	98.00	98.00	X
2	Front bumper side holder	Necessary	108.00	108.00	X
1set	Front bumper clips	Necessary	60.00	60.00	/
1	Front bumper lower grille	Deformed	165.00	165.00	/
1	RHS Headlamp @\$782.00	Inner holder crk.	1128.00	1128.00	IPC
			4595.50	3467.50	
		less 25%	1148.88	866.88	
			3446.63	2600.63	
	<b><u>SPECIAL NETT ITEMS</u></b>				
1set	Front bumper clips	Necessary	60.00	40.00	X
1	Front number plate with holder	Dented	75.00	65.00	X
	<b>TOTAL PARTS</b>		<b>3581.63</b>	<b>2705.63</b>	

7-2414.1  
1810.57

# S K AUTO CONSULTANTS

Our Reference TP/019/0218SK

Vehicle No. SLA 1531E

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	<b>LABOUR</b>		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	800.00	600.00 300
2	To supply paint materials, expandable items & putty, respray paint on parts replaced and repaired areas	600.00	400.00 /
3	To remove, refix wiring system at accident damaged areas, check for proper function & focus headlamp beam	150.00	120.00 30
	Labour Total :	1550.00	1120.00
	<b>TOTAL (PARTS &amp; LABOUR):</b>	<b>5131.63</b>	<b>3825.63</b>

**Note: (For Lump Sum Repair)**

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements.

**The final adjusted Lump Sum contract amount is S\$3,100/-**

\_\_\_\_\_  
S.Kumanan  
Motor Surveyor

256057

### ...CLAIM SUBFOLDER...(Pending for Survey Report)

Paper Survey

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	04 Jun 2019		07 Jun 2019 17:02 <a href="#">Edit Adj Rpt</a>	<b>S\$2,000.00</b> <a href="#">Edit Estimates</a>	<b>S\$2,000.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
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CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	SYED MAHDHAR BIN MOHAMED ALMUSYAYYAKH, ID: S8223884J								
Main Claimant:	SAM CAR RENTAL & TRANSPORT SERVICES, Co. Reg. No.: 53326995D								
Vehicle Reg. No.:	SLA1531E	Date of Loss: 03/06/2019 14:00 - :59 [39 Months and 11 Days From LTA Reg Date (Man Yr)]							
Claim Type:	TP / 595703	Policy/Cover Note No.: 80466274 (Comprehensive) Coverage: 14/01/2019 - 13/01/2020							
Vehicle Reg. No. (Insured):	SJR7433A	Policy No. (Claimant): Excess:							
Repairer:	Ace Autolution Pte Ltd (KAKI BUKIT) 13 Kaki Bukit Road 4, #03-29/30 Bartley Biz Centre, 417807 Kaki Bukit - Tel: 68441184								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Katherine Wong - 6594 2544]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MARCUS CHUA] ... [Final Rpt due 23/09/2019]								
Driver/Custodian (Insured):	SYED MAHDHAR BIN MOHAMED ALMUSYAYYAKH (36 / Male), NRIC: S8223884J Email:								
Adj Asg. Remarks:	on WP. Liab: 100%. TP lawyer agree on SJE - requested for Adrian Ling from LKK Auto. Contact: Ms Anna @ 6844 1184 / 9657 2134								
<b>ASSOCIATED MAIL RECEIVED</b> <a href="#">View All</a> <a href="#">Compose Case Mail</a>									
<ul style="list-style-type: none"> <li>MSIG_SG (19/09/2019): Report Send Back Alerts - SLA1531E (TP)</li> </ul>									
<b>ALL ASSOCIATED TASKS</b> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SLA1531E (595703)

[SJR7433A]

TP

**SAM CAR RENTAL & TRANSPORT SERVICES**

Jun 3 2019 2:00PM

[SYED MAHDHAR BIN MOHAMED ALMUSYAYYAKH]

Ace Autolution Pte Ltd

Upload Documents | Upload Photos | Compose New Letter

View

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	10/06/19 18:55	Chassis Number	 Load JPG	<input checked="" type="checkbox"/>
2	10/06/19 18:55	Odometer Reading	 Load JPG	<input checked="" type="checkbox"/>
3	10/06/19 18:56	General View	 Load JPG	<input checked="" type="checkbox"/>
4	10/06/19 18:56	General View	 Load JPG	<input checked="" type="checkbox"/>
5	10/06/19 18:56	General View	 Load JPG	<input checked="" type="checkbox"/>
6	10/06/19 18:56	General View	 Load JPG	<input checked="" type="checkbox"/>
7	10/06/19 18:56	General View	 Load JPG	<input checked="" type="checkbox"/>
8	10/06/19 18:56	General View	 Load JPG	<input checked="" type="checkbox"/>
9	10/06/19 18:56	General View	 Load JPG	<input checked="" type="checkbox"/>
10	10/06/19 18:56	General View	 Load JPG	<input checked="" type="checkbox"/>
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32	10/06/19 18:56	General View	 Load JPG	<input checked="" type="checkbox"/>
33	10/06/19 18:56	General View	 Load JPG	<input checked="" type="checkbox"/>
34	11/06/19 17:08	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
35	11/06/19 17:08	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
36	11/06/19 17:08	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
37	11/06/19 17:08	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
38	11/06/19 17:08	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
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42	11/06/19 17:08	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
43	11/06/19 17:08	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
44	11/06/19 17:08	Reinspection Photo		<input checked="" type="checkbox"/>
45	11/06/19 17:08	Reinspection Photo		<input checked="" type="checkbox"/>
46	11/06/19 17:08	Reinspection Photo		<input checked="" type="checkbox"/>
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76	12/06/19 20:17	Reinspection Photo		<input checked="" type="checkbox"/>
77	12/06/19 20:17	Reinspection Photo		<input checked="" type="checkbox"/>
78	12/06/19 20:17	Reinspection Photo		<input checked="" type="checkbox"/>

Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	06/06/19 18:08	OI Accident Report		<input type="checkbox"/>
2	06/06/19 18:08	TP SLA1531E Gia & Police Report		<input type="checkbox"/>
3	07/06/19 12:37	TP agree on SJE - Workshop details		<input type="checkbox"/>
4	19/09/19 10:19	Survey Report & Photos		<input type="checkbox"/>

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	24/09/19 16:06	Colour Photo		<input type="checkbox"/>
2	24/09/19 16:06	PRS Invoice		<input type="checkbox"/>

### Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>



## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

**VEHICLE DAMAGE INSPECTION REPORT**

Our File No: CS3/MSG19010117/UTD3E2-1

Date: 24/09/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 80466274

Claimant SLA1531E

Insured Vehicle No : SJR7433A

Vehicle No : SLA1531E

Date of Loss: 03/06/2019

Nature of Claim: TP

Claim No: 595703

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLA1531E

Make &amp; Model: TOYOTA AXIO, 1.5 (A)

Engine No: 2NR8480545

Reg. Date: 23/02/2016 (Man. Year: 2015)

Chassis No: NRE1610005146

Colour: Beige

Odometer: 254743 km

Engine Capacity: 1496 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/60 R15

Rear Tyre Size: 195/60 R15

Front Left Side: Michelin 7 mm

Rear Left Side: Michelin 7 mm

Front Right Side: Michelin 7 mm

Rear Right Side: Michelin 7 mm

*The above values represent the remaining tyre treads depth*

<b>COST OF CLAIMS</b>	<b>Repairer's</b>	<b>Adjuster's</b>	<b>Difference</b>	<b>Diff %</b>
Parts	3,581.62	1,810.57	1,771.05	49.45
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,550.00	730.00	820.00	52.90
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>5,131.62</b>	<b>2,540.57</b>	<b>2,591.05</b>	<b>50.49</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>2,000.00</b>		
<b>Nett Amount (S\$)</b>	<b>5,131.62</b>	<b>2,000.00</b>	<b>3,131.62</b>	<b>61.03</b>

INSPECTION

Date of Assignment: 07/06/2019

Date Inspected: 10/06/2019 Inspected At:

Ace Autolution Pte Ltd (KAKI BUKIT)

13 Kaki Bukit Road 4, #03-29/30

Bartley Biz Centre

Singapore 417807

Estimated Period of Repair: 3.0 days

Adjuster: MARCUS CHUA

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

**REPAIR DETAILS**

<b>Reference</b>	
<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 24 Sep 2019)
<b>Parts:</b> 143	TOYOTA AXIO 1.5 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SLA1531E)	
<b>Validity:</b> These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
<b>Further Info:</b> Items/values not in reference catalogue are prefixed with an asterisk *.	

**Recommended Parts**

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BONNET	Not Necessary	1,128.00 FL	*- FL
2	1		*FRONT GRILLE	Cracked	588.00 FL	*588.00 FL
3	1		*FRONT GRILLE CHROME	Cracked	382.00 FL	*382.00 FL
4	1		*FRONT BUMPER	Deformed	938.50 FL	*655.10 FL
5	2		*FRONT BUMPER BRACKET	Serviceable	98.00 FL	*- FL
6	2		*FRONT BUMPER SIDE HOLDER	Serviceable	108.00 FL	*- FL
7	1		*SET FRONT BUMPER CLIPS	Necessary	60.00 FL	*60.00 FL
8	1		*FRONT BUMPER LOWER GRILLE	Torn	165.00 FL	*165.00 FL
9	1		*RHS HEADLAMP	O/S Not Necessary /N/S Cracked	1,128.00 FL	*564.00 FL
10	1		*SET FRONT BUMPER CLIPS	Repeated	60.00 FS	*- FS
11	1		*FRONT NUMBER PLATE WITH HOLDER	Not Necessary	75.00 FS	*- FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

<b>Sub Total (S\$)</b>	<b>4,730.50</b>	<b>2,414.10</b>
<b>- List Item Discount on L Items 25.00/25.00% (S\$)</b>	1,148.88	603.53
<b>Total Parts (S\$)</b>	<b>3,581.62</b>	<b>1,810.57</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; REPLACE DAMAGED PARTS AND COMPONENTS	New	800.00	300.00
2	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND REPAIRED AREAS	New	600.00	400.00
3	TO REMOVE, REFIX WIRING SYSTEM AT ACCIDENT DAMAGED AREAS, CHECK FOR PROPER FUNCTION & FOCUS HEADLAMP BEAM	New	150.00	30.00
<b>Gross Labour Cost (S\$)</b>			<b>1,550.00</b>	<b>730.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >